

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO.  
**22750/402**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as-stated below next to my name,

I believe I am an original, first, and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled **FLOOR-MOPPING DEVICE**, the specification of which is being filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**PRIOR FOREIGN APPLICATION(S)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
<b>Federal Republic of Germany</b>	<b>19820538.4</b>	<b>08 MAY 1998</b>		<b>YES</b>

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys:

Richard L. Mayer (Reg. No. 22,490)  
James Prizant (Reg. No. 34,067)

Express Mail No. EL30328665405

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I declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>PSIK</b>	FIRST GIVEN NAME <b>Sandra</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Laudenbach</b>	STATE OR FOREIGN COUNTRY <b>Federal Republic of Germany</b>	COUNTRY OF CITIZENSHIP <b>Federal Republic of Germany</b>
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Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME <b>OEHLENSCHLÄGER</b>	FIRST GIVEN NAME <b>Volker</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Fürth</b>	STATE OR FOREIGN COUNTRY <b>Federal Republic of Germany</b>	COUNTRY OF CITIZENSHIP <b>Federal Republic of Germany</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Im Schilf 8</b>	CITY <b>64658 Fürth</b>	STATE & ZIP CODE/COUNTRY <b>Federal Republic of Germany</b>
Signature		Date	